Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health
WYTHE COUNTY Health Department

Health Department Identification Number 98-198-190
Map Reference 9-1-13-12

General Information

Water Supply System: New ✓ Repair ___ Public ___ FHA ___ VA ___ Case No. ___
Sewage Disposal System: New ✓ Repair ___ Expanded ___ Conditional ___ Public ___
Based on the application for a sewage disposal system construction permit filed in accordance with Section 2.13 E, of the Sewage Handling and Disposal Regulations and/or Section 2.13 of the Private Well Regulations a construction permit is hereby issued to:
Owner JOSEPH B. BELCHER Telephone 688-2395
Address P.O. BOX 484 BLAND, VA. 24315 For a Type I # 3C Sewage Disposal System or Well to be constructed on/at 52 NORTH - 10 MILES (L) 686 (GULLION FORK RD) 1.4 MILES (R) PRIVATE RD. ~0.3 mi (L) 2ND DRIVE ~0.2
Subdivision SOUTH FORK MTN Section/Block — Lot 13 Actual or estimated water use 300 GPD (2 BR.)

DESIGN	NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS
Water supply, existing: (describe) N/A **To be installed:** class 3-C WELL cased 20' MIN. grouted 20' MIN.	**Water supply location:** Satisfactory yes ☑ no ☐ comments Completion Report G. W. 2 Received: yes ☑ no ☐ not applicable ☐
Building sewer: 3"-4" I.D. PVC Schedule 40, or equivalent. Slope 1.25" per 10' (minimum). ☐ Other N/A	**Building sewer:** yes ☑ no ☐ comments Satisfactory (not installed to house - house not on property)
Septic tank: Capacity 750 gals. (minimum). ☐ Other N/A	**Pretreatment unit:** yes ☑ no ☐ comments Satisfactory
Inlet-outlet structure: PVC Schedule 40, 4" tees or equivalent. ☐ Other N/A	**Inlet-outlet structure:** yes ☑ no ☐ comments Satisfactory
Pump and pump station: No ☑ Yes ☐ describe and show design. if yes: N/A	**Pump & pump station:** yes ☐ no ☐ comments Satisfactory N/A
Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. ☐ Other N/A	**Conveyance method:** yes ☑ no ☐ comments Satisfactory
Distribution box: Precast concrete with 5 ports (minimum) ☐ Other N/A	**Distribution box:** yes ☑ no ☐ comments Satisfactory
Header lines: Material: 4" I.D. 1500 lb. crush strength plastic or equivalent from distribution box to 2' into absorption trench. Slope 2" minimum. ☐ Other N/A	**Header lines:** yes ☑ no ☐ comments Satisfactory
Percolation lines: Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'. ☐ Other N/A	**Percolation lines:** yes ☑ no ☐ comments Satisfactory
Absorption trenches: Square ft. required 960 : depth from ground surface to bottom of trench 20" ; aggregate size 0.5"-1.5" ; Trench bottom slope 2"-4"/100' ; center to center spacing 10' ; trench width 3' Depth of aggregate 12"+ ; Trench length 80' ; Number of trenches 4	**Absorption trenches:** yes ☑ no ☐ comments Satisfactory Date 6-19-98 Inspected and approved by: J. W. Griffin Sanitarian

C.H.S 202A

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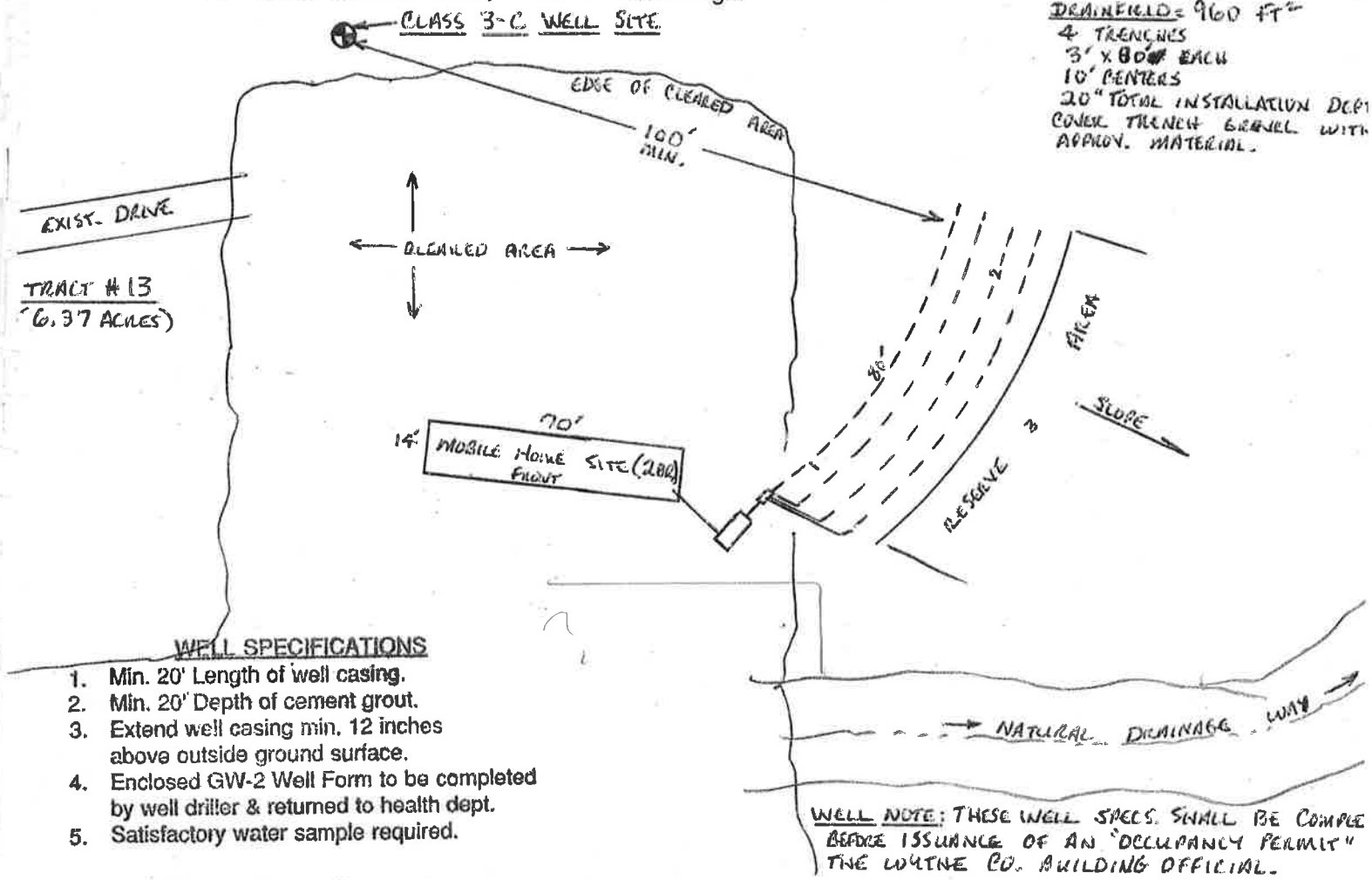
Schematic drawing of sewage disposal and/or water supply system and topographic features.

Show the lot lines of the building site, sketch of property showing any topographic features which may impact on the design of the well or sewage disposal system, including existing and/or proposed structures and sewage disposal systems and wells within 200 feet. The schematic drawing of the well site or area and/or sewage disposal system shall show sewer lines, pretreatment unit, pump station, conveyance system, and subsurface soil absorption system, reserve area, etc. When a nonpublic drinking water supply is to be permitted, show all sources of pollution within 200 feet.

☐ The information required above has been drawn on the attached copy of the sketch submitted with the application.

Attach additional sheets as necessary to illustrate the design.



WELL SPECIFICATIONS

1. Min. 20' Length of well casing.
2. Min. 20' Depth of cement grout.
3. Extend well casing min. 12 inches above outside ground surface.
4. Enclosed GW-2 Well Form to be completed by well driller & returned to health dept.
5. Satisfactory water sample required.

WELL NOTE: THESE WELL SPECS. SHALL BE COMPLE BEFORE ISSUANCE OF AN "OCCUPANCY PERMIT" THE WAYNE CO. BUILDING OFFICIAL.

This sewage disposal system and/or water supply is to be constructed as specified by the permit ✓ or attached plans and specifications ____.

This sewage disposal system and/or well construction permit is null and void if (a) conditions are changed from those shown on the application (b) conditions are changed from those shown on the construction permit.

No part of any installation shall be covered or used until inspected, corrections made if necessary, and approved, by the local health department or unless expressly authorized by the local health dept. Any part of any installation which has been covered prior to approval shall be uncovered, if necessary, upon the direction of the Department.

Date: 5-20-98 **Issued by:** J. W. Riddiffen
Sanitarian

Date: 5-20-98 **Reviewed by:** Eugene Mrs
Supervisory Sanitarian

PERMIT NOT TRANSFERABLE

This Construction Permit Valid until 11-20-99

If FHA or VA financing